

CLAIMS ONLY

7-505

Application Number
W-648950

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
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Total Indep										
Total Depend										
Total Claims				16						

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